

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000043989

**Entity Name:** SALVATORE SENZATIMORE, JR., M.D., P.A.

**Current Principal Place of Business:**

1117 NORTH OLIVE AVE  
STE 203  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1117 NORTH OLIVE AVE  
STE 203  
WEST PALM BEACH, FL 33401

**FEI Number: 65-0833099**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SENZATIMORE, SALVATORE  
1117 NORTH OLIVE AVE  
STE 203  
WEST PALM BEACH, FL 33407 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP.  
Name SENZATIMORE, JR., SALVATORE M.D.  
Address 1117 N. OLIVE AVE - SUITE 203  
City-State-Zip: WEST PALM BEACH FL 33401

Title P  
Name WENGER, JEFFREY SM.D.  
Address 1117 N. OLIVE AVE - SUITE 203  
City-State-Zip: WEST PALM BEACH FL 33401

Title TS  
Name NEIMARK, SIDNEY M.D.  
Address 1117 N. OLIVE AVE - SUITE 203  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SENZATIMORE, JR., SALVATORE M.D.**

**VP**

**03/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date